

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004083

FILED
Apr 29, 2008
Secretary of State

Entity Name: THE JOSEPH SAMUEL ISICOFF MEMORIAL FUND, INC.

Current Principal Place of Business:

3495 NW NORTH RIVER DRIVE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

3495 NW NORTH RIVER DRIVE
MIAMI, FL 33142

New Mailing Address:

FEI Number: 20-1055878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISICOFF, STEVEN
3495 NW NORTH RIVER DRIVE
MIAMI, FL 33142

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZELMAN, LUCY
Address: 11440 SW 102 CT
City-St-Zip: MIAMI, FL 33176

Title: D (X) Delete
Name: SINGER, ALLEN
Address: 9150 SW 87 AVE STE 108
City-St-Zip: MIAMI, FL 33176

Title: D, T () Delete
Name: ISICOFF, ERIC
Address: 1101 BRICKELL AVE STE 704
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: FEILER, JEFFREY
Address: 7685 SW 104TH STREET STE 200
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: ULLMAN, SAMUEL C
Address: 200 S BISCAYNE BLVD STE 4000
City-St-Zip: MIAMI, FL 33131

Title: D, S () Delete
Name: ISICOFF, LAUREL M
Address: 3495 NW NORTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN L. ISICOFF

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date